

NEWSPAPER DEPENDENT CLAIM  
FEE CALCULATION SHEET  
TO BE USED WITH FORM PTO/STX

09/831580

APPENDIX

NO.	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		NO.	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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